

The New Hampshire Department of Health and Human Services

Revision and Additions Request Form

Principal Investigator: _____ CPHS #: _____

Study Title: _____

Contact Person _____ email: _____ phone _____

1. Revision Description (check all as appropriate):

- _____ Revision to currently approved protocol New version date: _____
_____ Revision to currently approved consent
_____ Revision involves a change in Primary Investigator
_____ Other - (e.g. advertisement).

2. Check all that apply:

- _____ This revision involves minor changes only
_____ This revision does not increase risks to participants enrolled in the study.
_____ This revision does increase risks to participants enrolled in the study (include explanation in revision description and Department Chairperson signature is required).

3. Describe revision request:

4. Attach revised protocol and/or consent (HIGHLIGHT all revisions** and strike through ~~strike through~~ all deletions). If a revised consent is included, also send a clean copy that can be stamped.**

Signature of PI: _____ Date: _____

Signature of Department Chairperson or PI's Supervisor: _____
(Required if risks to patients are increased.)